

Department of Justice
CLETS Administration Section
P.O. Box 903387
Sacramento, CA 94203-3870

CLETS MISUSE INVESTIGATION REPORTING FORM

Telephone: (916) 227-3677
FAX: (916) 227-0696

Calendar Year _____

(Submit this form by February 1 of each year for the previous calendar year. Include the number of investigations performed related to CLETS misuse, including any disciplinary action taken.)

Agency Name _____

Address _____

Person Completing Form _____

Telephone Number _____ County _____

1. Total number of investigations performed related to CLETS misuse:

a. Pending _____ + b. Closed _____ = Total Performed _____
(1a+1b = 2a +2b+2c)

2. Of the total number of investigations performed, how many originated from:

a. Private citizen complaints _____
b. Internal within your Department _____
c. From another agency _____

3. Misuse violations found from investigations (see #4 below):

Total Found _____
(4a+4b+4c+4d)

**4. Total numbers of each type of action taken on misuse violations
(note only the highest level of action taken in each case):**

a. No action taken: _____

b. Administrative Action:

Counsel _____ Reprimand _____ Suspension _____

Resignation _____ Termination _____ Other _____

c. Criminal Complaints Filed:

Infraction _____ Misdemeanor _____ Felony _____

d. Number of convictions from criminal complaints filed:

Infraction _____ Misdemeanor _____ Felony _____ Unknown _____